

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. L

AUGUST 1st, 1946.

No. 7

PATENT MEDICINES

"For all practical purposes British law is powerless to prevent any persons from procuring any drug or making any mixture whether potent or without any therapeutical activity whatever (so long as it does not contain a scheduled poison) and advertising it in any decent terms as a cure for any disease or ailment, recommending it by bogus testimonials and the invented opinions and facsimile signatures of fictitious physicians and selling it under any name he chooses, on the payment of a small stamp duty, for any price they can persuade a credulous public to pay." This extract is taken from the report issued by the Select Committee on Patent Medicines in 1914.

This extremely unsatisfactory position is very much the same to-day. It is true that it is now illegal for anyone but a registered medical practitioner to treat venereal disease and manufacturers of patent medicines are compelled by law to publish the contents of their products on the packing. The first of these improvements is a very real advance but the second, though desirable in itself, has done nothing to put an end to what can only be described as a major scandal and in current parlance—a racket. As ninety-nine per cent. of the public have had no training in pharmacology they are not one jot the wiser. This regulation only provides a little grim amusement for the medical profession.

The advertising campaigns continue with unabated fury. The P.E.P. report on the British Health Services published in 1937 estimated that "Over £3,000,000 a year are spent in urging in the newspapers the merits of proprietary medicines and health foods." This does not take into account the money spent on advertising in the trains and buses, on free samples and on disfiguring the towns and countryside

with hideous hoardings. Many advertisements for patent medicines make absolutely fantastic claims. As anyone who travels in the Underground knows it is nothing to see an advertisement for one patent medicine which will cure all, or nearly all, the ills that man is heir to—including headache, backache, "kidney trouble," "acidity," "sluggish bile," and a host of other complaints. There is one preparation on the market to-day which is advertised as follows: "For the Blood, Veins, Arteries and Heart; —o; Take it and stop limping." By present day standards that is a comparatively moderate claim. It is no coincidence that these posters are of unparalleled vulgarity and shoddiness. Everyone must be familiar with the gruesome picture of the "acid in your stomach" burning a hole in the carpet, and there are others just as bad.

One might think that the public would be sceptical about medicines for which such obviously ridiculous claims were made. But one would be wrong. To quote but a single example—some weeks ago a colleague of the writer was clerking a patient with a urinary infection. In the course of taking her history he asked her what treatment she had had before admission to the hospital. She told him that she always took "Bladderex" (that is not its real name). One Monday morning she coyly produced an empty bottle of "Bladderex" that her relatives had smuggled to her, and which she was secretly taking to supplement her treatment. The preparation proved to contain such minute doses of harmless drugs that even a homœopathic prescription would look like a potent blunderbuss remedy beside it. It could have done her no harm but plainly indicated the public's lack of education and discrimination in

such matters. More sinister and pathetic are the published testimonials sent by unwary individuals to the manufacturers of preparations known to contain large quantities of potassium iodide.

Another evil feature of the advertising system is that the public are induced to buy the standard drugs of proved therapeutic value (and in reasonable doses) but at many times the cost price. There are on the market at the present time innumerable preparations containing mainly aspirin and phenacetin in varying proportions, which, dignified with various ingenious trade names, are sold at inflationary prices.

What is the remedy? Would it be too much to ask that the advertising managers of the main railway companies and the London Passenger Transport Board should refuse to accept advertisements for quack remedies? Surely the Royal College of Physicians or the British Medical Association would advise them. It might entail some loss of revenue but it would be a magnificent public service. Secondly, the Ministry of Health might undertake a publicity campaign to educate the public. Several such campaigns have been undertaken by government departments during the war—many with good effect. At all events it is high time that this crying scandal was ended.

THE JOURNAL

We regret to announce the resignation of the Editor of the JOURNAL—Mr. H. W. Cornford. His place will be taken by Mr. L. E. McGee, formerly Assistant Editor.

Mr. W. M. Keynes has been appointed Assistant Editor and Mr. W. G. H. Leslie, Sports Editor.

The Business Manager is Mr. F. Campbell.

Contributions for the next JOURNAL should be received on or before August 19th.

THE LIFE AND WORKS OF DR. W. S. KIRKES

From the Wix Prize Essay—1946.

By R. MARSHALL

The ways by which a medical man may gain fame are numerous; some achieve it by the originality of their work, some by writing popular text books, and others by their strength of character and excellence in their profession. William Senhouse Kirkes has a claim to fame for all these reasons but, on the whole, and perhaps because his early death left his major works uncompleted, his name is far less well known to the general medical reader than it ought to be.

William Senhouse Kirkes was born in 1823 at Holker,¹ a small village on the north side of Morecambe Bay in North Lancashire. Little is known about his early life except that he attended the Grammar School at Cartmel about two miles away until, in 1836, at the age of thirteen he was appointed to a partnership of surgeons. Kirkes was apprenticed for the usual term of five years to Messrs. Smith and Harrison and to Mr. Langshaw at Lancaster, about sixteen miles from Holker.

In 1841, Kirkes, at the age of eighteen,

finished his apprenticeship and entered Saint Bartholomew's Hospital, where he started on the brilliant career which was cut short by his untimely death. At St. Bartholomew's Kirkes was first in chemistry in 1842, first in surgery in 1843, first in medicine, midwifery, medical jurisprudence and clinical medicine in 1844, and also obtained the collegiate prize. In 1846 Kirkes, following the custom of his day, graduated Doctor of Medicine of Berlin.

In 1848, at the age of twenty-five, Kirkes was appointed Medical Registrar and Demonstrator of Morbid Anatomy to St. Bartholomew's Hospital and in the same year he wrote his "Handbook of Physiology" and combined with William Baly, also of St. Bartholomew's, to write "Recent Advances in the Physiology of Motion, etc." which was a supplement to Baly's translation of Müller's "Elements of Physiology."

Kirkes was admitted a licentiate² of the Royal College of Physicians in 1850. In these days

¹ Spelt Hilker by D'Arcy Power but English Place Names Society gives Holker=Hollow Marsh.

² The "Medical News" of the *Lancet* says that Kirkes was admitted a member of the Royal College of Physicians at a meeting of this College on September 30th, 1850.

the licentiates were divided into two groups, licentiates intra-urbem who were allowed to practice medicine in, and within seven miles of, the City of London, and licentiates extra-urbem who were allowed to practice only outside this area. The examination for the intra-licentiates was considered to be rather harder than that for the extra-licentiates and consisted of a classical examination in Greek and Latin in addition to the professional examination. Before presenting themselves for examination the candidates had to have attained the age of twenty-six years and to have pursued a course of study in anatomy and physiology, the theory and practice of physics, forensic medicine, materia medica and botany, and the principles of midwifery and surgery. In 1847 the number of intra-licentiates was only 270 and of extra-licentiates 273.

At the beginning of the nineteenth century most of the hospital staff were graduates of either Oxford or Cambridge, for the days were not long past when admission to the Fellowship of the Royal College of Physicians was limited to these graduates. Kirkes had no English degree and thus it says much for his capabilities and for the excellence of his work when, in 1854, at the age of thirty-one, he defeated Dr. John William Hue in the contest for the office of Assistant Physician to St. Bartholomew's Hospital in spite, as a contemporary writer put it, "of powerful interest and of all but unbroken custom."

In the same year that he was appointed Assistant Physician Kirkes was elected a Member of the Pathological Society of London, a society in which he continued to take active interest until his death, although the transactions of the society show no evidence that he ever read a paper before it.

Kirkes was elected a fellow of the Royal College of Physicians in 1855 and the following year he was appointed Gulstonian lecturer.

At this time Kirkes was lecturer on Botany and Vegetable Physiology at St. Bartholomew's and later, in 1864, he was appointed co-lecturer on medicine with Dr. Patrick Black, Kirkes taking the first part of the course. His lectures were greatly admired by the students and one of his pupils, Mr. Henry Rundle, said of him, "As a lecturer Dr. Kirkes was concise and clear and was so much interested in his subject that he never failed to interest his hearers and to secure their close attention. His voice was high pitched and almost shrill in tone. Ready of speech, he relied but little on his manuscript notes. He had a strong personality and exercised a great influence for good over the students." Dr. Kirkes' last lecture, given on

December 1st, 1864 was, typically enough, on rheumatism.

In the introductory address at the opening of the 1857-58 session at St. Bartholomew's Hospital³ Kirkes pointed out the great advantages of study at St. Bartholomew's, but emphasised to the students that the real hard work must be their aim. He said that he did not believe in the nature of so-called talents as opposed to sheer hard work and he advised that "Labor ipse volupatas" should be every student's motto. He appealed to the students to watch their expenditure, to take enough exercise and to remember their "home affections." He advised that in their work the students should give equal attention to lectures, reading and observation.

In 1858 Kirkes was elected fellow of the Royal Medical and Chirurgical Society of London and continued to be an active member of the society until his death.

On January 27th, 1864, following the retirement of Dr. (afterwards Sir George) Burrows (1801-1887), Dr. Kirkes was appointed full Physician to St. Bartholomew's Hospital.

The year that Kirkes was appointed physician also saw the Civil War being fought in America and it was also during this period that the British Empire was expanding rapidly. There was therefore great concern at the Admiralty about the crippling incidence of venereal disease in the Navy and so bad was the incidence that the Deputy Inspector General of Hospitals was able to state⁴ that "In foreign services the proportion suffering from this cause (venereal disease) only extended to 60-70 men in every 1,000, in the British service it was no less than 442 per 1,000 annually." Venereal diseases, then, were a major problem and so a commission was appointed by the Secretary at War and the Lords of the Admiralty "to inquire into, and report upon the Nature and Treatment of Venereal Diseases." This commission, which first met on Tuesday, November 15th, 1864, consisted of eight members under the chairmanship of Mr. Skey. Dr. Kirkes was one of those chosen.

It was while on the way from his house in Lower Seymour Street to a meeting of this commission at the Admiralty on Saturday, December 3rd, that Kirkes was seized with a shivering attack. He persisted in going through with his work at the Admiralty but returned home exhausted and complaining of a feeling of cold and depression. Kirkes went to bed but became rapidly worse and on Monday, December the 5th, he was attended by his

³ *Lancet*, 1857, ii, 345-6.

⁴ Syphilis in the Navy, *Lancet*, March 5th, 1864.

friend and colleague, Dr. Burrows, who found him "in a state of constitutional collapse, with symptoms of pleuro-pneumonia of the right side, which were soon followed by those of pericarditis. His physical and nervous power were so prostrated by overwork that neither brandy nor quinine could raise his circulation up to fever point. The disease made progress in spite of every effort, but his mind remained remarkably clear up to within a few hours of his death, which took place on the 6th day⁵ after the commencement of the malady." It was said that his amiable disposition and firm Christian principles helped him to bear his illness well and that before his death he "resigned all his earthly aspirations and prospects with the most perfect submission to the Divine will."

In this way on December 8th, 1864, in his house at 2, Lower Seymour Street, S.W., died a physician, the excellence of whose work was fully equalled by the greatness of his character. The character of Kirkes is best illustrated by the words of his contemporaries who wrote about him at the time of his death.

Mr. Henry Rundle, F.R.C.S., consulting surgeon to the Royal Portsmouth Hospital, wrote, "Dr. Kirkes was below the medium height, thin and delicate looking. He had long black hair, a thoughtful refined face and a keen intellectual expression. He stooped slightly and struck one as being physically weak, though his energy and enthusiasm were so great that he was enabled to get through much more work than seemed possible for one who looked so delicate. . . . Dr. Kirkes is worthy to be placed among the great physicians of St. Bartholomew's Hospital and is one to whom the term 'Master' may be applied without affectation. I revere his memory and gratefully remember how much he taught me."

Sir James Paget (1814-99) said of him, "He was one of my best pupils; clear-headed, industrious, as resolute in work as he was gentle and pliant in goodness in all his social life."

On December 17th, 1864, the following poem, "In Memoriam," written by Dr. Thomas Cole, of Bath, under the pseudonym of Fratus Minor, appeared in the *Lancet*.⁶

"The earnest lab'rer's work on earth is o'er;
His gentle voice is hushed. Alas! no more
His kindly teachings press us on to fame;
But mem'ry throws a halo round his name.
At once the friend of weary and distress'd;
With intellectual power highly blessed;
The good adviser of the rising youth;
An energetic champion of truth.

Sincere and noble in his every deed;
Our loss his absence— they will prove the need

Of such a councillor to lead us on.
And point the road where he before had gone.

His footprints mark the rugged pathway still,
And we may follow if we have the will.
That will we *must* have, and that pathway tread

If we would tribute pay the immortal dead."

It was decided, at a meeting held in the college hall of St. Bartholomew's Hospital, to raise a public subscription among the friends and former pupils of Dr. Kirkes to provide some fitting memorial to his excellence. Dr. J. Andrew was treasurer of this fund and announcements were made in the medical journals.⁷ The result of the fund was the award of a gold medal which was presented annually for proficiency in clinical medicine. In 1885 Mrs. Kirkes provided a fund that caused the aggregate of the annual prize to be thirty pounds in addition to the medal.

The published works of William Senhouse Kirkes can be divided into his work on physiology and his papers on the circulatory system. Throughout his life Kirkes was collecting material for a work on diseases of the heart, but, owing to his early and unexpected death, this was never completed.

Kirkes' "Handbook of Physiology" was one of the best physiology text books of its time, very accurate and clearly arranged; the ideal student's book. The first edition of this book was published in 1848 and in the preface Kirkes gives the reasons for its production. Taylor, Walton and Maberly, who published Baly's translation of Müller's "Elements of Physiology," a book in two volumes, the second English edition of which had come out in 1839-42, wished to render this book more available to the general use of students and to reduce its size. Kirkes was asked to carry out this task and the book was commenced with this intention. The book was announced as a "Handbook of Physiology on the Basis of Müller's Elements," and many of its chapters were abstracts from Müller's "Elements," and Baly and Kirkes' supplements. While writing many of the other chapters, however, Kirkes found that the knowledge of physiology had advanced so much since Müller's "Elements" was written that the original plan had to be abandoned in so far as it concerned the construction of a Handbook on the basis of Müller's "Elements."

⁵ Fifth day according to Norman Moore, Dist. Nat. Biography.

⁶ *Lancet*, 1864, ii. 707.

⁷ *Brit. Med. J.*, 1864, ii. 738.

The first part of the book dealt with those properties common to both plants and animals, while the second part dealt with characteristics peculiar to animals. In the compilation of this work Kirkes made free use of Mr. James Paget's lecture notes and in the first two editions James Paget's name (Paget was then Warden and lecturer on physiology at St. Bartholomew's) is given on the title pages as assistant author, but this hardly seems to justify D'Arcy Power's statement that Kirkes was known mainly "by his transcription of Sir J. Paget's 'Lectures on Physiology'" or the Publisher's Note in some editions of Halliburton and McDowall's "Handbook" that "The book was, for its time, one of great excellence, reflecting the clear and accurate method of exposition which always distinguished Sir James Paget's work," for in the third edition there is a list of 217 works on physiology that Kirkes referred to in writing the book. In his preface, written from the College of St. Bartholomew's Hospital and dated September 29th, 1848, Kirkes also recorded thanks to Dr. Baly for his help in the preparation of the book.

Kirkes' "Handbook" had an immediate popularity with students, both in Great Britain and America, and after a second edition in 1851 in which James Paget's name again appeared on the title page, a third edition was published in 1856 by Kirkes alone.

The fourth edition, published in 1860, had Mr. William Savory's name on the title page and was somewhat changed in composition. The fifth edition in 1863 was the last to be published during Kirkes' lifetime, but it is interesting to trace the further progress of this book which Kirkes so ably started.

The sixth, seventh and eighth editions were revised by Mr. Morratt Baker and the ninth (in 1872) by Dr. Klein, lecturer in Physiology at St. Bartholomew's Hospital. The tenth (1880) to the thirteenth editions (1892) were revised by Mr. Morratt Baker and Mr. Vincent Harris. In 1896, with the appointment of Professor Halliburton as editor, the long association of the book with this Hospital was severed and the old title of "Kirkes' Handbook on Physiology" was first relegated to a small heading on the title page and later dropped altogether, the only reference to Kirkes being found in the publisher's note.

Kirkes' Handbook is now known as "Handbook of Physiology and Biochemistry" by the late W. D. Halliburton and R. J. S. McDowall, Biochemistry being added to the title in 1937 on the appearance of the thirty-fifth edition.

The universal appeal of Kirkes' "Hand-

book" is illustrated by the fact that American editions were published in both New York and Philadelphia, being revised by American physiologists after Kirkes' death. In 1877 an Arabic translation of the "Handbook" was published.

The other works of Dr. Kirkes appear to be all concerned with the cardiovascular system and were published between 1849 to 1863.

Kirkes' first paper was read before the Abernethian Society on November 22nd, 1849⁸ and published in the *London Medical Gazette* in the following year.⁹ It was "On the Rarity of Pericardial Adhesions in comparison with the Frequency of Pericarditis" and in this paper Kirkes supported the theory, previously expounded by Dr. Hope and Mr. Paget that the "white spots" often found on the pericardium at autopsy had originated in a true attack of pericarditis and were all that was left after the fibrinous membranes had been absorbed. From his observation of cases at the bedside and in the post mortem room Kirkes inferred that inflammation of the pericardium was a much more common occurrence than the infrequency of adhesions appeared to indicate. He thought that the opinion then generally held, that pericardial adhesions were a frequent consequence of pericarditis, required modification and that as absorption of the exudate so commonly occurred the prognosis was less unfavourable than it would be if adhesions invariably followed. Kirkes put forward the view that adhesions only formed when the heart's action was so enfeebled during and just after the attack of pericarditis that the pericardial exudate was left relatively undisturbed. Thus, if the exudate could become organised before the normal vigorous action of the heart was restored, then the adhesions would be permanent.

On Thursday, March 7th, 1850, Kirkes read a second paper before the Abernethian Society, entitled "Cases, with Remarks Illustrating the Association of Chorea with Rheumatism and Diseases of the Heart." By description of case histories, he illustrated the high incidence of chorea in rheumatic families and he gave a table of 36 cases in which symptoms of chorea were observed in connection either with articular rheumatism alone, or with joint and heart lesions combined. In 33 of these cases chorea was more or less closely associated with rheumatism and in the remaining three there was recent carditis but no arthritis.

Kirkes concluded "that chorea may be asso-

⁸ Trans. Abernethian Soc. of St. Bart's Hosp., No. 3, 1849.

⁹ *London Med. Gaz.*, 1850. New Series 10, 581-86.

ciated with articular rheumatism alone or with disease of the heart alone, that neither are essential to its occurrence, while it is from the combined influence of the two together that it is most likely to be developed."¹⁰ He noted that the endocardium, clinically, was more often involved than the pericardium in chorea and concluded that chorea was more often associated with endocarditis than with pericarditis but he failed to give any figures of the relative frequency of clinical endocarditis and pericarditis in non-choreic cases of rheumatism. Kirkes drew attention to the facts; that chorea was more common in females, especially at puberty when the nervous system is more prone to disorder; that in several of his cases there was distinct evidence of predisposition to nervous affections; and that the nervous symptoms were not related to the severity of the rheumatism and often occurred at the subsidence of the rheumatic attack.

Kirkes' most original paper was published in 1852 and was the first article in English on embolism, although a few months earlier Virchow had published a paper in German on the same subject. Kirkes' paper was founded on his own researches which had been proceeding independently of, not concurrently with, those of Virchow and although his conclusions confirmed the work of Virchow the inclusion of Kirkes' paper in "Cardiac Classics"¹¹ is well justified.

This paper, entitled, "On Some of the Principal Effects resulting from the Detachment of Fibrinous Deposits from the Interior of the Heart, and their Mixture with the Circulating Blood," was read before the Royal Medical and Chirurgical Society of London¹² by Dr. George Burrows on May 25th, 1852. Kirkes described how the vegetations on the heart valves in endocarditis may break off in large pieces and block a large artery or may break up into smaller sizes to give emboli in smaller arteries, or the vegetation may soften and break up to give finely granular material which produces symptoms like those of phlebitis or typhus fever. The paper was divided into two parts, the first dealing with the effects of emboli from the left side of the heart entering the systemic circulation and the second part dealing with the effect of emboli detached from the valves of the right heart.

In the first part of the paper Kirkes gives three illustrative cases of bacterial endocarditis

with embolism of the middle cerebral artery and he establishes two points: firstly, that softening of a portion of the brain with loss of function may result from destruction of a main cerebral artery by the lodgement of a plug of fibrin within its lumen; and secondly that the substance thus obstructing the vessel is not formed in situ but is derived directly from the warty growths situated on the valves of the left heart. Previous to the publication of this paper softening of the brain had been associated only with atheromatous changes in the arteries. Previously there were very few recorded cases of distinct fibrin clots, blocking the arteries and even when these clots had been found their presence had not been correlated with cardiac vegetations, and the cerebral softening to which they gave rise had not been explained. In these three cases there were also emboli in the iliac, femoral and renal arteries.

Kirkes' observation on the effects of embolism was not original, for it had long been known and described, under the term capillary phlebitis, by Rokitsky who, however, although noting the connection of infarcts with endocarditis, thought that the infarcts were due to increased coagulability of the blood as a result of the mixture with poisonous products of the endocarditis. Kirkes' originality lies in his recognition that clotting in the peripheral vessel was started by embolism and that the secondary coagulation occurred in the artery distal to the point of impaction of the embolism.

Another paper by Kirkes on a similar subject, entitled "On Ulcerative Inflammation of the Valves of the Heart as a cause of Pyæmia" was published in the *British Medical Journal* in 1863¹³ and it supported the theory of embolism.

Traube, in his paper on *Pulsus Bigeminus*¹⁴ gives credit to Kirkes for first drawing his attention to the fact that arteriosclerosis was not the direct cause of hypertrophy and dilatation of the left ventricle as was then generally believed, but that both the hypertrophy of the left ventricle and the arteriosclerosis were the result of hypertension.

The work on diseases of the circulatory system for which Kirkes was collecting material in the years preceding his death was never finished, and so the world was deprived of a work, the popularity of which might have exceeded even that of his "Handbook of Physiology."

We may truly agree with Mr. Henry Rundle, that "Dr. Kirkes is worthy to be placed among the great physicians of St. Bartholomew's Hospital."

¹⁰ Trans. Abernethian Soc. of St. Bart's Hosp., No. 8, 1850.

¹¹ Willins and Keys, "Cardiac Classics," London, H. Kingston, 1941.

¹² Tr. Roy. Med. Chir. Soc., London, 1852, 35, 281-324. Received April 12th. Read May 25th.

¹³ Kirkes, W. S., *Brit. Med. J.*, 1863, ii, 497-99.

¹⁴ Traube, *Berl. Klin. Wchnschr.*, 1872, 9, 185-88, 221-24.

WANTED—RUGGER VESTS

The members of the Hospital Rugby Club are finding it almost impossible to obtain Bart's Rugger vests. Can you help—you old members of the Club? The Secretary would be extremely grateful to anyone who, finding he possesses such a garment he no longer needs, would either send it to: The Secretary, S.B.H. Rugby Club, or leave it in the Students' Cloakroom. Perhaps, tucked away in a drawer somewhere—YOU may discover a vest you have forgotten you still owned. Please look and see.

SPORTS DAY, 1946

The 63rd Annual Sports of the Athletic Club were held at Foxbury on Saturday, June 15th.

The meeting was a great success although the weather was traditional. Earlier in the day the ground had been well-nigh submerged. On such turf the times for the track events were not exceptionally good, but keen competition ensured a high standard of running.

Mr. Ainsworth Davies was kindly and admirably in his element with starting pistols and our first handful of post-war blanks, a great improvement on last year's stick and tin-tray. We were also pleased to see many veterans of the club present, most of whom had seen service in various parts of the world.

The high-light of the day came from the Pre-clinicals. Having won ten out of twelve cups, they proceeded to win the Inter-firm relay in the record time of 1 min. 40.5 secs. Another outstanding performance came from D. C. Morgan, in the 440 yards championship.

The field events provided several tense moments. One of our more energetic competitors sent his discus crashing into a crowd of bewildered spectators. The Javelin-throwers

worked hard but unavailingly to pin their markers to the ground. In the three-legged race Dr. Geoffrey Evans was making rapid progress and, with training, should do well next year. Much talent was observed among the spectators during their occasional sprints to shelter. From all these operations nobody failed to return.

We should like to take this further opportunity of thanking Mrs. R. Vick for presenting the prizes, Dr. Geoffrey Evans for acting as President and Referee of the Sports, Mr. H. B. Stallard for his very keen interest as President of the Club and for the labours which he contributed to the success of the Sports, and all the vice-presidents and members of the staff who acted as officials.

After the presentation of the prizes and the clearing of the Pavilion, a dance was held, under Mr. Backhouse's direction and to the music of the newly-formed "Square Four." It needs only to be added that after the unaccountable collapse of one of its members upon his clarinet, this later became a "Triangular Three."

RESULTS.

100 Yards Championship—1st, A. E. Fyffe; 2nd, M. N. Kurshid; 3rd, D. C. Morgan.

220 Yards Championship—1st, E. M. Rosser; 2nd, P. Fildes; 3rd, M. N. Kurshid.

440 Yards Championship—1st, D. C. Morgan; 2nd, K. A. McCluskey; 3rd, —. Pine.

1 Mile Championship—1st, J. I. Burn; 2nd, J. A. Menon; 3rd, M. E. Glanvill.

3 Miles Championship—1st, J. A. Menon; 2nd, M. E. Glanvill; 3rd, J. I. Burn.

120 Yards Handicap—1st, K. A. McCluskey; 2nd, E. M. Rosser; 3rd, T. W. A. Glenister.

880 Yards Handicap—1st, N. E. Marsh (20 yds.); 2nd, J. I. Burn; 3rd, P. D. Mathews (scr.).

120 Yards Hurdles—1st, L. Corbett; 2nd, E. M. Rosser; 3rd, M. N. Kurshid.

High Jump—1st, E. M. Rosser; 2nd, T. A. J. Prankerd; 3rd, R. W. Brown and B. H. Du Heaume.

Long Jump—1st, K. A. McCluskey; 2nd, M. N. Kurshid; 3rd, E. M. Rosser.

Putting the Weight—1st, A. E. Fyffe; 2nd, M. N. Kurshid; 3rd, B. H. Du Heaume.

Javelin—1st, H. A. Evans; 2nd, J. Nielsen; 3rd, P. D. Mathews.

Discus—1st, M. N. Kurshid; 2nd, B. H. Du Heaume; 3rd, N. E. Winstone.

Tug-of-War—"Dixies Os and Ss."

4 x 220 Yards Inter-Firm Relay—1st, Preclinicals (M. N. Kurshid, P. Fildes, E. M. Rosser, D. C. Morgan); 2nd, Housemen.

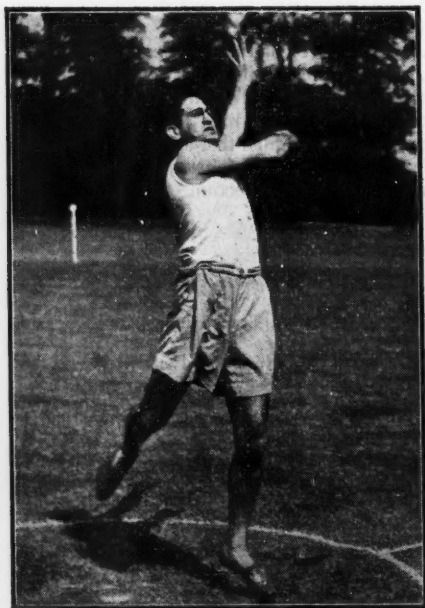
"Housemen's Hundred"—1st, A. E. Fyffe; 2nd, K. M. Backhouse; 3rd, —. Rodgers.

We hope to have the support of many runners in the forthcoming Cross Country Season, for which we have a considerably increased fixture list, including matches against Birmingham University and Bristol University, as well as the London Hospitals and other London Clubs.

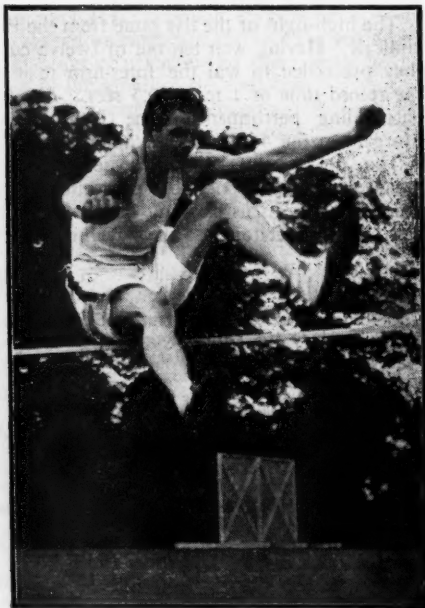
M. E. G.



J. I. Burn comes into the straight to win the one mile championship



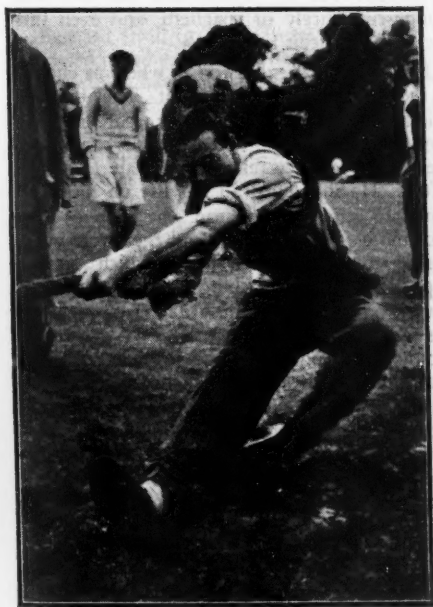
*M. N. Khurshid, winner of
Throwing the Discus*



*E. M. Rosser winning the High
Jump at 4ft. 11½in.*



Spectators watch the Tug of War



Pulling his weight



"—should do well next year"

Photographs by courtesy of Sport and General Press Agency Limited

WOULD YER BELIEVE IT!

They have asked for a gossip column.

A little time ago one of the most able and truly intelligent members of the Hospital suggested, in a brilliant letter to the JOURNAL, that the proper study of mankind was man. He asked for Hospital Gossip in a Hospital gossip-column.

Immediately a collection of polymorphous phrenopods (with brains in feet, etc.) rallied round the Editor in calling him a scandal-monger. This just showed lack of erudition. Scandal is gossip made tedious by morals—and who is the Editor to quarrel with Oscar Wilde or who would suspect the original letter-writer of an urge to wax moral?

More recently the true worth of this sugges-

tion penetrated the ivory editorial domes. And the lot fell upon me, as upon Jonah, in several senses.

How shall we begin? With the story of the preclinical who is to get an S. S. Jaguar for passing 2nd M.B.? Or by telling of the proportion of Vicarage spirits which is removed to Hill End by be-spectacled Chief Assistants? Or shall we borrow a trick from Mr. Agate and have a gossip-column bearing no discernible relationship to tittle-tattle?

Shall we find sufficient material to make this a regular item? I doubt it. We shall see.

But the collection of the material should be fun.

EVELYN TENT.

BELIEVE IT OR NOT!

As the JOURNAL appears to be getting thinner with each edition, I have decided to send in this story which, although it has little value from the medical point of view, reveals to some extent, the cruelty of the Japanese.

The story was told to me by my uncle, for whose honesty I can vouch, and it concerns the giraffe-necked women of Burma. These women are brought up from childhood to form an integral part of the religious life of the country. They are gently nurtured, well educated after their own fashion and imbued with a fanatical religious zeal. Their main aim in life is to develop the length of their neck to the greatest possible extent; the reason for this is that they feel that the longer is their neck, the nearer they are to heaven.

The method of extending the neck is well known. At the age of six months a brass band is placed round the neck and thereafter another band is placed in position every month. As these bands are never removed, they gently stretch the muscles, thus separating the vertebrae. Thus they suffer very little discomfort—the process is gradual—except insofar as the oesophagus becomes stretched and narrowed and because of this the women have to be fed on eels, rhubarb, celery, Vienna loaves and other food of the long, thin variety.

After their necks have reached the length of four feet, the women are allowed to enter the inner temple, where by means of gentle massage and other direct measures, the development of the neck increases.

The high priestess of one particular temple had a neck just over six feet long, and her oesophagus was so narrow that her diet was composed entirely of spaghetti, and even this she found difficult to swallow.

It was this particular woman who was chosen by the Japs for a vile experiment. They tied her hair to a rafter and proceeded to cut the brass bands off her neck. When all the bands had been removed, they released her hair from the rafter. Having relied all her life on the neck bands to support her head, the tone of her neck muscles was very low and they were quite unable to support her head, which simply flopped forwards, catching her face a nasty thwack on the stone floor. The Japs repeated this treatment several times, but eventually became bored and were about to dispatch the poor woman, when one of them conceived the idea of tying a knot in her neck. This was done, and after keeping her in captivity for a few days, they escorted her towards our own lines where she was found and taken to a base hospital in India.

Here the real horror of her treatment became apparent; the neck muscles, unhampered by the stretching brasses, went into spasms and as they contracted, they drew the knot tighter and tighter. The knot became impossible to undo, and the woman soon died of asphyxia, strangled to death by her own neck.

GREGOR.

IN OUR LIBRARY—IV.

CATALOGUE OF DR. FRANCIS BERNARD'S LIBRARY, 1698

Several prominent medical men have collected together quite extensive libraries, but all too frequently the auction catalogue is the sole monument to these collections. Askew and Mead possessed very large libraries, which were sold at the deaths of their owners, and even the sale catalogues are rare. Of recent years, Sir William Osler and Harvey Cushing both acquired remarkable private libraries, which they bequeathed respectively to McGill and Yale Universities. The fine catalogues of these two collections are guides to living libraries, not memorials to proud collections now scattered far and wide.

Francis Bernard (1627-1698) became Assistant Physician to Bart.'s in 1678, and was also Physician to James II. He had been created M.D. by Archbishop Sancroft in 1678, and was incorporated M.D. at Cambridge the same year, while in 1687 he was elected a Fellow of the College of Physicians. During the Plague, Francis Bernard remained in London, and he appears to have been very popular, being a great friend of Sir Hans Sloane. One of his case-books is among the Sloane MSS. in the British Museum.

Bernard lived in Little Britain, and here he collected together an extensive library, of which he is said to have read every volume. He was keenly interested in astrology, poetry and theology, and in addition to Greek and Latin, knew Italian, Spanish and French. At his death the books were sold by auction, and it is said that his library was the most extensive to be sold by auction in the seventeenth century. A list of the books was printed as *A catalogue of the library of the late learned Dr. Francis Bernard, Fellow of the College of Physicians, and Physician to S. Bartholomew's Hospital . . . Which will be sold by auction at the doctor's late dwelling house in Little Britain: the sale to begin on Tuesday, Octb. 4, 1698.* It contains 14,747 works and 39 bundles, of which there are 869 books on Theology, 277 on Law, 938 on Mathematics, 4,484 on Medicine, 4,950 on Philology, etc., 1,163 on Italian, Spanish and French, and 2,066 devoted to Divinity, History, etc.

Francis Bernard collected books to read them. As the writer of the introductory "To the reader" puts it: "We must confess that being a Person who Collected his Books for Use, and not for Ostentation or Ornament, he seem'd no more solicitous about their Dress than his own; and therefore you'll find that a gilt Back or a large Margin was very seldom any induce-

ment to him to buy." The section on medicine is very rich, and to quote the introduction: "As for the Books of his own Faculty, tho' it be not an entire Collection (for who could, or rather, who would have one in Physick?) yet it may be said, that it is infinitely the best and largest that ever yet appeared in these Islands." Many of the volumes are very rare, and were not readily met with even at that period: "Certain it is, this Library contains not a few which never appeared in any Auction here before; nor indeed, as I have heard him say, for ought he knew, and he knew as well as any man living, in any Printed Catalogue in the World." One must allow for misprints in the auction catalogue (there is a printed book dated 1048!), but it is always just possible that an edition of a book has completely disappeared. We find on page 114, No. 1,150, the entry, *Harvey Guil. de Motu Cordis in Animalibus, Fr. 1627*, the earliest known edition, of course, being 1628. Bernard possessed a copy of Harvey's *De generatione*, 1651, which had been presented to him by the author, and it would be of interest to ascertain the correct date of the former volume.

The Catalogue lists several Caxtons, but as these have been counted by various authorities, none of which agree, we refrain from adding to the chaos. Elton states there were 13 fine Caxtons which fetched less than 2 guineas; De Ricci gives 16 Caxtons, which sold for 4/- or 5/- each; Lawler lists 22 Caxtons with their prices; Fletcher says "about a dozen Caxtons"; while Norman Moore states 16 Caxtons! It is difficult to trace individual items on account of the arrangement of the Catalogue, but it is of interest to note that Caxton's *Hist. of Troy*, printed at London, is dated 1471, when the earliest Bruges edition was not printed until 1474, and Caxton had not become established in Westminster until the end of 1476. To complete the confusion, Lawler states that the sale realised about £5,000, while Fletcher gives £1,920. Perhaps the priced catalogue in the British Museum would settle the matter, should one be willing to total up almost 15,000 lots!

Obviously Francis Bernard was a remarkable man, and it is interesting to note that his younger (very much younger) brother, Charles Bernard (1650-1711), was also a great book-collector, and was Surgeon to Bart.'s Hospital. He collected books as a bibliophile, but his library ended, as did that of Francis, with an auction catalogue as a tombstone.

JOHN L. THORNTON.

WHAT THE DOCTOR ORDERED

Oh, Dr. F——! You have done it again!
Those gyri and sulci which pattern your brain,
Once yielding hypotheses, "shalts" and "shalts-not,"

Now formulate laws that must needs cap the lot.
You telescope Vivas, make signs-up pre-fixed;
Denote Text-book pages, so lads don't get mixed;

Assign demonstrators on definite days,
At pre-scheduled hours. A plan beyond praise.
But as every brave plan sports its own bitter pill,
Your system denounces the right to fall ill;
Excused by certificate only—or death:
But what about syphilis, gout or bad breath?
This State Control, Doctor—endemic to-day—
Has landed on Bart.'s and is anxious to stay.
However, your system of signs-up is sound:
It's herd-regimental and covers much ground:
Allowing no trifling, toying with Fate:
No groans of "I'm sick" or "I'm tired" or
"I'm late."

The age of lethargic excuses is past;
No more bouts of toothache or "Let's take ours
last!"

The old student standbys no longer bear weight;
Henceforth, young man—you're a tool of the State.

Gone are those slumberful mornings in bed,
With your stomach relaxed and a brain thick as lead.

Smashed are those thoughts of seducing that Wren

With the curved T. & A. and the fine H. & N.
Back to the Textbook, the Treadwheel, the Corpse!

(With occasional glances at "Starlings" and "Thorpes").

Dust those dank cobwebs from off your dim brain!

Open those "Practical Manuals" again!
Scrape that green mould off your brown, withered Parts.

Nose to the grindstone—you son-of-a-Bart.'s!
Thanks to your brave rigid plan, Dr. F——,
The Fate of your "2nd year" children is sealed!

T. C. W.



"Egad Woman, I was Percival Pott!"

DEFINITIONS

"A baby is a mass of conditioned and unconditioned reflexes, leaking at every orifice."

DR. STRAUSS.

FREUDIAN

"The baby was crying lustfully."

—STUDENT.

INFANT WELF' ARE'

"The mother should pot the infant at an early age."

—PAEDIATRICIAN.

If she can!

MIXED FEELINGS

"Put your fingers in and see if you can see it."

—SURGEON.

Why not put in your nose and feel if you can hear it?

CRICKET

Saturday, July 6th, v. St. Mary's Hospital, at Teddington; Drawn.

In this match we were up against powerful opponents, and for the fact that we scraped home with a draw, we have to thank the dance they attended the night before, the timing of their declaration and the ability of some of our batsmen to stay in.

Having won the toss, they siezed their opportunity to bat and gave us a nice run-about in the sun for two hours while they did much as they liked with the bowling. Ewart-Davies seemed the most dangerous of our bowlers, and with the new ball he bowled several overs at a great pace and with considerable accuracy. Odlum bowled E. K. Scott with a ball which was not seen to break by anyone else, but into which he put much thought. However, the rate of scoring became steadily faster, and having taken 19 runs off the last over, they declared at 176 for 4.

We began very well and shortly before the second wicket fell at 51 the situation looked promising. Then came the collapse with which we are so familiar, and when Hawkes was fourth out for a good 30, we could hope only for a draw. That this was achieved was largely due to Vazifdar, who kept up his end a surprisingly long time for only 4 runs. Scott was bowling leg-breaks very accurately, but could not turn the ball much on so perfect a wicket. Several of us offered him our wickets cheaply—and some free—by playing back instead of forward, but the last pair, obliged to play out some two or three overs together, refused to be dislodged and saved us from ignominious defeat.

ST. MARY'S HOSPITAL.

| | |
|---------------------------------------|----|
| P. R. Graham, run out ... | 32 |
| J. Hall, lbw, b Ewart-Davies ... | 17 |
| A. Garnham, c Franklin, b Elliott ... | 42 |
| E. K. Scott, b Odlum ... | 8 |
| N. O. Bennett, not out ... | 62 |
| R. W. Watson, not out ... | 4 |
| Extras ... | 11 |

(For 4 wks. dec.) 176

Bowling: Ewart-Davies, 9—1, 24—1; Vazifdar, 7—2, 26—0; Hawkes, 9—1, 20—0; Odlum, 8—0, 48—1; Franklin, 3—0, 21—0; Elliott, 3—0, 7—1; Morgan, 1—0, 19—0.

ST. BART'S HOSPITAL.

| | |
|---------------------------------------|----|
| P. H. R. Hawkes, b Scott ... | 30 |
| P. D. Moyes, b Davidson ... | 9 |
| J. E. R. Dixon, c Scott, b Watson ... | 9 |
| R. Morgan, b Scott ... | 0 |
| J. S. Vazifdar, b Scott ... | 4 |
| N. G. O. Gourlay, lbw, b Scott ... | 2 |
| C. Franklin, lbw, b Scott ... | 0 |
| H. R. Odlum, c Devine, b Bennett ... | 9 |
| C. G. Elliott, c Lewis, b Watson ... | 1 |
| P. Haigh, not out ... | 1 |
| T. Ewart-Davies, not out ... | 3 |
| Extras ... | 8 |

(For 9 wks.) 74

Sunday, July 7th, v. Old Meadonians, at Chislehurst; Won.

We were able to play this match, postponed from a very wet Victory Day, in weather which remained perfect throughout.

Gourlay lost the toss and we assembled 10 men and a substitute and took the field at 12 o'clock. Ewart-Davies opened the attack and in his fourth over took the first wicket. Nine more overs were bowled, during which a sitter was dropped in the gully off Vazifdar, without any further wickets falling, and it was clear that the opening bowlers, in spite of great accuracy and much skill, were out of luck. Then Odlum came on and induced the batsmen to lash out at his first ball, but it was almost out of reach and Moyes at the wicket took the catch; 47 for 2. Seven more overs and another wicket to Odlum, then in the next over Williamson (45) was well stumped by Moyes off Odlum, and the rout had begun. With the fifth ball of the last over before lunch, Odlum deceived the batsman into hitting his wicket, and we went in to lunch with the score 85 for 5. After lunch with the remaining ball of his over, Odlum dismissed the new batsman and had to wait while another over was bowled before Gourlay at mid-off took the catch, which made the hat-trick. Ewart-Davies managed to snatch a quick wicket, before Odlum cleverly deceived the batsman, who was running out to hit him, by bowling a much faster ball and Moyes had the bails off in a flash. Which gave Odlum 8 wickets for 25 runs.

In reply Hawkes, batting in his best form, gave us a very good start before being caught and bowled most surprisingly from a colossal drive, and Vazifdar carried on the good work.

After we had won by 7 wickets soon after tea, we carried on and were all out for 132, then we gave the Old Meadonians another innings and got them out for 81.

OLD MEADONIANS.

| | |
|-----------------------------------|----|
| Kirkwood, lbw, b Ewart-Davies ... | 8 |
| Williamson, st Moyes, b Odlum ... | 45 |
| Woodward, c Moyes, b Odlum ... | 4 |
| Mayoreas, b Odlum ... | 8 |
| Jones, hit wkt., b Odlum ... | 7 |
| Rix, c and b Odlum ... | 4 |
| Wilson, b Odlum ... | 0 |
| Woods, c Gourlay, b Odlum ... | 0 |
| Wales, st Moyes, b Odlum ... | 5 |
| Long, c Moyes, b Ewart-Davies ... | 0 |
| Hewitt, not out ... | 0 |
| Extras ... | 10 |

94

Bowling: Ewart-Davies, 9—2, 14—2; Vazifdar, 9—1, 24—0; Elliott, 7—0, 18—0; Odlum, 8.2—1, 25—8.

ST. BART'S HOSPITAL.

| | |
|---|----|
| P. H. R. Hawkes, c and b Rix ... | 46 |
| P. D. Moyes, c Mayoreas, b Williamson ... | 8 |
| J. E. R. Dixon, c Long, b Woods ... | 11 |
| J. S. Vazifdar, not out ... | 25 |
| R. Morgan, not out ... | 4 |
| Extras ... | 1 |

(For 3 wks.) 95

N. G. O. Gourlay, H. R. Odlum, C. G. Elliott, P. Haigh, R. A. Struthers and T. Ewart-Davies did not bat.

BART.'S ALPINE CLUB

A Climbing Meet is to be held this autumn at Kelys, the Climbers' Club Hut in N. Wales.

The secretary, J. W. Platt, would like to receive the names of all those gentlemen wishing to attend this meet.

Previous experience of rock climbing, though a useful attribute, is by no means a necessary qualification.

Certain older and experienced members of the staff have kindly consented to support this meet by their presence.

The actual date of the meet will be decided by a general consensus of opinion. It will be during the period September—November.

The secretary will be glad to furnish further particulars on request.

T. W. P.

BIRTH

ANDREWS—On April 10th, 1946, at Bricket House Nursing Home, St. Albans, to Daphne (née Smith), wife of F/O. B. E. Andrews, R.A.F.V.R. (now in India), a daughter.

DEATH

GERARD CHARLES TAYLOR, O.B.E., M.D.—On June 2nd, 1946, at 3, Kingsdale Road, Berkhamstead, Herts.

CHANGES OF ADDRESS

DR. AND MRS. JOHN GROVES to The Priory, Ledbury, Herefordshire. Tel.: 177.

DR. H. C. KILLINGBACK to Tile House, Uxbridge Road, Stanmore, Middlesex.

DR. L. LEVY to P.O. Box 6457, Johannesburg, South Africa.

MR. D. F. ELLISON NASH to 25, Park Crescent, Portland Place, London, W.1. Tel.: Welbeck 5100.

DR. R. BODLEY SCOTT to 90a, Harley Street, London, W.1. Tel.: Welbeck 7877.

MR. VERNON THOMPSON to 6, Wimpole Street, London, W.1. Tel.: Langham 4335.

HONOUR

During a recent visit to Prague, the Order of the White Lion of Czechoslovakia was conferred by President Běnes upon Mr. G. C. Knight, for his services as a Neurological Surgeon to the Forces of the Czech Republic.

This is the principal Order of the Republic, the only other British Surgeon to hold it being Mr. McIndoe—also a Bart.'s man—who received the decoration for the plastic work he carried out for the Czech air force.

In the after-treatment of Varicose Conditions

'Elastocrepe' is 'Elastoplast' cloth without the adhesive spread. It therefore has the same unique *stretch* and *regain* properties associated with 'Elastoplast'. Superior to the ordinary crepe bandage—washing *renews* elasticity.

Elastocrepe

Made in England by T. J. Smith & Nephew Ltd., Hull

REMINDER: Smith and Nephew P.O.P. Bandages
now carry the universal Trade Mark 'GYPSONA'